

Pre-Trip Safety Check

Trip number_____

Vessel number_____

Life Saving Equipment (circle **Y** for yes or **N** for no)Safety Examination Decal? **Y** / **N**

Decal Number:_____

Date of issuance: ____/____/____

EPIRB present? **Y** / **N**battery
expiration:____/____mm / **YYYY**Distress flares present? **Y** / **N**Orange ring buoy with line attached? **Y** / **N**Inflatable Life Raft* **Y** / **N** Capacity for all **POB**? **Y** / **N**Personal Floatation Device for each **POB*** **Y** / **N**Immersion suit for each **POB**?(required above 32'00 N latitude) **Y** / **N****Fire Fighting Equipment**Fire Extinguishers charged? **Y** / **N**

Location 1_____

Location 2_____

Location 3_____

Please provide signatures to verify that a safety check was conducted and that the information above is accurate.

Observer:_____

Date:____/____/____

Owner/Operator:_____

Date:____/____/____
mm/dd/yyyy

Minimum Requirements
for
Commercial Fishing Vessels (Offshore 20+ miles)

All vessels fishing 20+ miles offshore with fewer than 16 persons on board(**POB**).

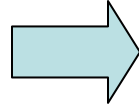
1. Orange ring buoy with 60' line
2. Personal floatation Device(PFD) for each **POB**
3. Inflatable life raft* (coastal pack 20-50 miles warm water, SOLAS B 20-50 miles cold water and SOLAS A for anywhere 50+ miles)
4. 3 parachute flares
6 hand flares
3 smoke flares
5. EPIRB(406 MHZ category I, free floating and auto activating)
6. 3 TYPE B-1 Fire extinguishers(mounted)
7. At least one person certified in First Aid and CPR

*Type required dependent on distance offshore and water temperature

Group 1

Observers
Vessel Captains
Vessel Owners
US Coast Guard

Phone Call Only



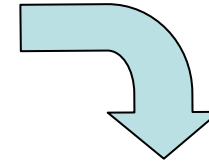
Group 2

Lori Hale: Loraine.Hale@noaa.gov
(O) 850-234-6541 ext. 250
(C) 850-774-2624

Ivy Baremore: Ivy.Baremore@noaa.gov
(O) 850-234-6541 ext. 249
(C) 352-328-8750

Dana Bethea: Dana.Bethea@noaa.gov
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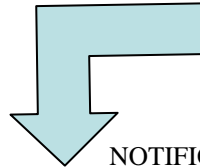
Phone Call Only



Group 3

Chad Lefferson: Chad.Lefferson@noaa.gov
(O) 228-762-7402; ex. 273
(C) 228-218-1892
(H) 228-818-6634

Sue Taylor: Sue.Taylor@noaa.gov
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(C) 228-623-6275
(H) 228-582-6275



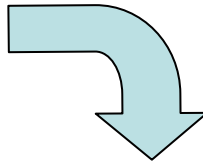
Group 4

John Carlson: John.Carlson@noaa.gov
(O) 850-234-6541 ext. 221
(C) 850-624-9031

Pete Sheridan: Pete.Sheridan@noaa.gov
(O) 850-234-6541 ext. 203
(C) 850-819-8026

NOTIFICATIONS FROM GROUP 4 TO GROUP 5 ARE BY PHONE IF OBSERVER IN CRITICAL CONDITION OR DECEASED. E-MAIL MESSAGES ARE NOT EXCEPTABLE. NOTE: AT LEAST ONE INDIVIDUAL IN EACH SUBGROUP MUST BE CONTACTED. NOTIFICATIONS FROM GROUP 4 TO GROUP 5 ARE BY E-MAIL MESSAGES (with Completed Mishap Report) IF OBSERVER NOT IN CRITICAL CONDITION OR DECEASED. NOTE: EVERY INDIVIDUAL IN EACH SUBGROUP MUST BE CONTACTED.

See Notification Instructions Listed Above



E-Mail Completed Mishap Report

Group 6

John Oliver: John.Oliver@noaa.gov
Peter Thompson: Peter.Thompson@noaa.gov
Isabel Holder: Isabel.Holder@noaa.gov
John Pierson: John.Pierson@noaa.gov
Ron Mattox: Ronald.D.Mattox@noaa.gov

Group 5

Subgroup 1) Alex Chester (Deputy Director): Alex.Chester@noaa.gov
(O) 305-361-4259
(C) 305-308-6411
(H) 305-234-5187

Subgroup 2) Dan Poulos: Dan.Poulos@noaa.gov
(O) 850-234-6541; ex. 237
(C) NONE
(H) 850-249-8494

Subgroup 3) Chris Smith: Chris.Smith@noaa.gov
(O) 727-570-5301
(P) 888-955-4854
(H) 727-781-6187

Subgroup 4) Michael McLemore: Michael.McLemore@noaa.gov
(O) 727-570-5371
(C) 727-510-0574
(H) 813-961-0697



Employee Incident Report Form

The injured employee shall complete this report on the date of the incident. If the nature of the injury is such that the employee is unable to personally complete the form, their immediate supervisor may complete it for them. However, every attempt must be made to secure the information directly from the employee and transcribe the narrative portions in their exact words. All questions must be answered.

The employee must sign the report unless physically unable.

TO BE COMPLETED BY THE INJURED EMPLOYEE

NAME (first Mi last)		SSN	ACC DT (M/d/yyyy)	ACC TIME (HH:mm)
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE ()-	WORK PHONE ()-	BIRTH DT (M/d/yyyy)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	NUMBER OF DEPENDENTS
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		DATE RPT TO MGT (M/d/yyyy)	REPORTED TO (last name & phone) ()-	
EMPLOYEE JOB TITLE		EMPLOYEE WORK SECTION/AREA	SUPERVISOR (last name)	

What was the exact nature of your injury? *(the type and extent of injury and exact part of body affected)*

How did the incident occur? *(give full details on what you were doing and what happened)*

What was the cause of the incident? *(explain in detail)*

How could future incidents of type be prevented?

Were you trained and knowledgeable in the task being performed when the incident happened? ☐ Yes ☐ No *(if no, explain)*

Was there a witness to the incident? ☐ Yes ☐ No If yes, give witness name:

NOTE: Any person who willfully makes any false or misleading statements or representation for the purpose of obtaining any benefit or payment under Workers' Compensation is guilty of a crime and may face criminal prosecution and/or termination of employment.

I HEREBY CERTIFY THAT THIS INJURY/ILLNESS OCCURRED FROM, AND DURING, A WORK RELATED ACTIVITY AND THAT THE INFORMATION AND DESCRIPTION COMPLETED BY ME ABOVE IS ACCURATE AND TRUE. I ALSO AUTHORIZE RELEASE OF ALL MEDICAL INFORMATION RELATED TO THIS CLAIM TO IAP WORLDWIDE SERVICES, INC. AND THEIR INSURANCE CARRIER

Signature

Date



Incident Witness Report Form

Each witness to incidents that involve Company personnel should complete a separate copy of this report immediately following the incident. It is important that the identification information be accurate so the witness can be contacted in the future if required. Please answer all questions.

WITNESS IDENTIFICATION (please print or type)

NAME (first MI last)	ACC DT (M/d/yyyy)	ACC TIME (HH:mm)
COMPANY NAME/DIVISION/OFFICE		WORK PHONE ()-
COMPANY ADDRESS/WORK LOCATION		

INCIDENT INFORMATION (please print or type)

What was the location of the incident? *(give accurate description of where the accident happened)*

In your own words, give a detailed description of what you saw.

What do you believe was the cause of the incident? *(explain in detail)*

How do you think future incidents of this type could be prevented?

NOTE: Any person who willfully makes any false or misleading statements or representation for the purpose of obtaining any benefit or payment under Workers' Compensation, either for themselves or for another person, is guilty of a crime and may face criminal prosecution and/or termination of employment.

I CERTIFY THAT THE INFORMATION AND DESCRIPTION COMPLETED BY ME ABOVE IS ACCURATE AND TRUE

Signature

Date

A-Z Health Guide from WebMD: Health Topics

Methicillin-Resistant *Staphylococcus aureus* (MRSA)

Overview

What is methicillin-resistant *Staphylococcus aureus* (MRSA)?

Methicillin-resistant *Staphylococcus aureus* (MRSA) are a type of staphylococcus or "staph" bacteria that are resistant to many [antibiotics](#). Staph bacteria, like other kinds of bacteria, normally live on your skin and in your nose, usually without causing problems. MRSA is different from other types of staph because it cannot be treated with certain antibiotics such as methicillin.

Staph bacteria only become a problem when they cause infection. For some people, especially those who are weak or ill, these infections can become serious.

MRSA infections are more difficult to treat than ordinary staph infections. This is because the strains of staph that are known as MRSA do not respond well to many types of antibiotics—the types of medicines that are normally used to kill bacteria. When methicillin and other common antibiotic medicines do not work to kill the bacteria that is causing an infection, it becomes harder to get rid of the infection.

MRSA bacteria are more likely to develop when antibiotics are used too often or are not used correctly. Given enough time, bacteria can outsmart antibiotics so that these medicines no longer work well. This is why MRSA and other antibiotic-resistant bacteria are sometimes called "super bugs."

What causes an infection?

MRSA, like all staph bacteria, can be spread from one person to another through casual contact or through contaminated objects. It is commonly spread from the hands of someone who has MRSA. This could be anyone in a healthcare setting or in the community. MRSA is usually not spread through the air like the common cold or flu virus, unless a person has MRSA [pneumonia](#) and is coughing.

MRSA that is acquired in a hospital or healthcare setting is called healthcare-associated methicillin-resistant *Staphylococcus aureus* (HA-MRSA). In most cases, a person who is already sick or who has a weakened [immune system](#) becomes infected with HA-MRSA. These infections can occur in wounds or skin, burns, and IV or other sites where tubes enter the body, as well as in the eyes, bones, heart, or blood.

MRSA used to infect people who had chronic illnesses, but now MRSA is becoming more common in healthy people. These infections can occur among people who are likely to have cuts or wounds and who have close contact with one another, such as members of sports teams. This type of MRSA is called community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA).

What are the symptoms of MRSA?

Symptoms of a MRSA infection depend on where the infection is. If MRSA is causing an infection in a wound, that area of your skin may be red or tender. If you have a urinary tract infection, you may have fever, back pain, burning when you urinate, or a need to urinate more often than usual. If you have pneumonia, you may develop a cough.

Community-associated MRSA commonly causes skin infections, such as [boils](#), [abscesses](#), or [cellulitis](#). Often, people think they have been bitten by a spider or insect. Because MRSA infections can become serious in a short amount of time, it is important to see your doctor right away if you notice a boil or other skin problem.

How is an infection diagnosed?

If your doctor thinks that you are infected with MRSA, he or she will send a sample of your infected wound, blood, or urine to a lab. The lab will grow the bacteria and then test to see which kinds of antibiotics kill the bacteria. This test may take several days.

You may also be tested if your doctor suspects that you are a MRSA [carrier](#)—a person who has the bacteria on his or her skin but who is not sick. This is done by taking a swab from the inside of the nose.

How is an infection treated?

Depending on how serious your infection is, the doctor may drain your wound, prescribe antibiotic medicine, give you an IV ([intravenous](#)) antibiotic, or hospitalize you. You might also be given an ointment to put on your skin or inside your nose and be asked to wash your skin daily with an antibiotic soap called chlorhexidine (Hibiclens) to reduce MRSA bacteria on your skin.

If you have a MRSA infection and need to be in a hospital, you will be isolated in a private room to reduce the chances of spreading the bacteria to others. When your doctors and nurses are

caring for you, they will use extra precautions such as wearing gloves and gowns. If you have a MRSA pneumonia, they will also wear masks.

Most cases of community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) begin as mild skin infections such as pimples or boils. Your doctor may be able to treat these infections without antibiotics by using a minor surgical procedure that opens and drains the sores.

If your doctor prescribes antibiotic medicine, be sure to take all the medicine even if you begin to feel better right away. If you do not take all the medicine, you may not kill all the bacteria. No matter what your treatment, it is important to call your doctor if your infection does not get better as expected.

How can I prevent getting or spreading MRSA?

As more antibiotic-resistant bacteria develop, hospitals are taking extra care to practice “infection control,” which includes frequent hand-washing and isolation of patients who are infected with MRSA.

If you have an infection with MRSA, you can keep from spreading the bacteria.

- Cover your wound with clean, dry bandages and follow your doctor’s instructions on caring for your wound.
- Keep your hands clean. You, your family, and other people with whom you are in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the wound.
- Do not share towels, washcloths, razors, clothing, or other items that may have had contact with your wound or a bandage. Wash your sheets, towels, and clothes with warm water and detergent and dry them in a hot dryer, if possible.
- Keep your environment clean by wiping frequently touched surfaces (such as countertops, doorknobs, and light switches) with a disinfectant.

**Basic Hygiene at Sea
Observer Program
NOAA Fisheries Panama City Laboratory**

Practice Good Hygiene

- Keep your hands clean by washing them frequently and thoroughly with soap and warm water or using an alcohol-based hand sanitizer. Hand-washing is the best way to avoid spreading germs. Hibiclens® and Pruel® are provided in your First Aid Kit.
- Keep cuts and scrapes clean and covered with a bandage and avoid contact with other people's wounds or bandages. Bandages, antiseptic ointment, and latex gloves are provided in your First Aid Kit.
- Do not share personal items such as washcloths, towels, or razors.

Antibiotics

- Be smart about using antibiotics. Antibiotics **can** help treat bacterial infections but they **cannot** cure viral infections. Always ask your doctor if antibiotics are the best treatment and avoid pressuring your doctor into prescribing antibiotics when they won't help you get better.
- Always take all your antibiotic medicine as prescribed by your doctor. Using only part of the medicine can cause antibiotic-resistant bacteria to develop.
- Do not save any antibiotics and do not use antibiotics that were prescribed for someone else.

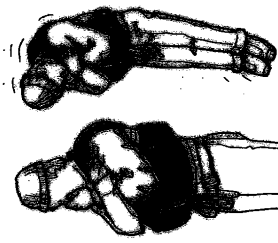
DRESS FOR SURVIVAL

Extra clothing will prolong your survival time by reducing loss of body heat and trapping air that will help keep you afloat. Put on plenty of warm clothing, including a watch cap. Wool or polypropylene clothing is best.

ENTERING THE WATER WITH A PFD

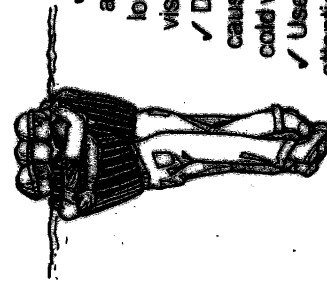
If you are wearing a PFD:

- ✓ Fasten PFD securely.
- Cross your arms over your chest to help hold it down.
- ✓ Block off your nose and mouth with one hand.
- ✓ Protect your head.
- ✓ Keep your feet together in case you land on something.
- ✓ Check the area below before you enter.
- ✓ Enter feet first.



IN THE WATER WITH A PFD

- ✓ Use the HELP (Heat Escape-Lessening Posture) technique.



- ✓ Huddle together as a group to decrease heat loss and increase visibility.
- ✓ Don't swim! Swimming causes rapid heat loss in cold water.
- ✓ Use a whistle to attract attention.

ABANDON SHIP!

- ✓ Give a proper MAYDAY: vessel name, position, nature of distress.
- ✓ The Captain gives the order to abandon ship.
- ✓ Stay clear of rigging.
- ✓ Throw buoyant objects over the side, if possible, to increase visibility.

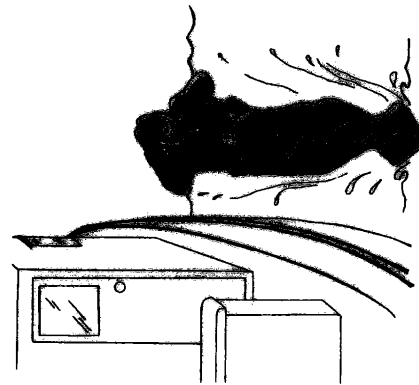
IMMERSION SUITS

Immersion suits are your best protection against the cold and the harsh conditions of the water. Take care of it! Don't wait for an emergency! Regularly air it out and lubricate the zipper. Drill with the suit on so you know how it works.

ENTERING THE

WATER:

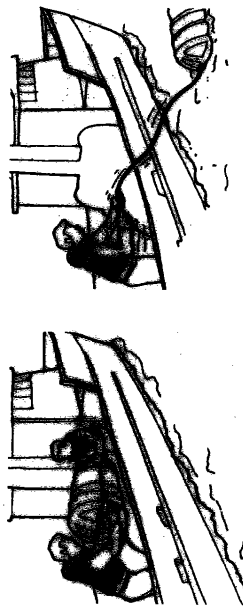
- ✓ Fully zip suit and ensure all closures are snug.
- ✓ Enter water feet first, as slowly as possible: feet together, protect your head.
- ✓ Inflate external flotation bladder after entering the water.



RAFT STOWAGE

- ✓ Stow raft in a readily accessible location where it will float free.
- ✓ Secure raft canister to cradle or bed with a properly installed hydrostatic release.
- ✓ Secure painter firmly to vessel, with a weak link incorporated into the line.
- ✓ Install liferaft canister carefully, ensuring it is not punctured and watertight gaskets are intact.

RAFT LAUNCHING



- ✓ Ensure launching area in water is free of debris.
- ✓ 2 crewmen should grab the canister at the ends and toss it into the water on the lee side of the vessel. Do not cut bands.
- ✓ After launching, pull painter until raft inflates. (The painter may be as long as 250 feet.)
- ✓ Wait for full inflation - with the canopy erected - before boarding.
- ✓ Ensure raft is tied to vessel.
- ✓ Keep the raft tied to vessel as long as it is safe; the vessel is easier for rescuers to see.

HOW TO RIGHT A CAPSIZED RAFT

Grab the righting strap and pull. When it begins to right, spring backward and to the side.



CARE & MAINTENANCE OF IMMERSION SUITS

Your immersion suit's life span—or your own, if you find yourself in the water—depends greatly on how you care for and maintain your immersion suit. Your immersion suit is only as good as your care of it. Here are some points that should be checked whenever you inspect your suit (at least once a month).

☐ Zipper:

Inspect closely for missing teeth and signs of corrosion. Lubricate teeth on the **outside** and inside of zipper with product recommended by the manufacturer. Do not use oil-based greases. Scrub zipper with a tooth brush to remove build up of residues. Run zipper up and down to check for smoothness.

☐ Inflation Hose & Bladder:

Pull gently on tube to make sure the tip of tube or its attachment point on the bladder do not separate. Use plastic wire ties at these points if not present. Leave the silver knurled knob below mouth piece in the down position, ready for use (see figure 1). Once a year remove bladder, inflate overnight or soak under water to check for leaks. Make sure to reattach to suit when dry!

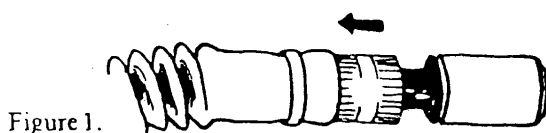


Figure 1.

☐ Material:

Inspect closely for small holes, tears and compression wrinkles in suit. If dirty or used in pool or salt water, rinse thoroughly inside and out with fresh water. Turn suit completely inside out to dry in a well ventilated space. Do not dry in direct sun. One or two days later it will be ready to dry on the outside. If dirt or oil is present, wash with a mild soap and rinse. Do not dry clean.

☐ Markings:

All immersion suits are required to be marked with the owner's name, vessel's name or the name of the person to whom the suit is assigned. (BEWARE—Paint may damage the material.)

☐ Practice:

Don your suit. How long does it take? How well does your suit fit? With foul-weather gear on can it still be zipped up?

☐ Stowage:

Leave the zipper open, but zipped up one-inch up from the bottom. Roll the suit legs up first, followed by hood and finally place arms over and place in bag (see figures 2 and 3). Make sure the neoprene flapper valve in foot

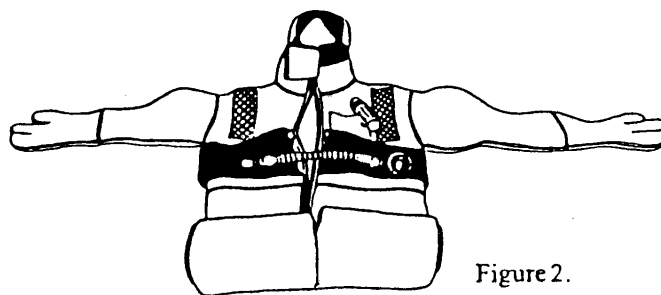


Figure 2.



Figure 3.

is not creased. Otherwise, follow the manufacturers stowage recommendation. Lubricate snaps on bag. Store suits in their bags, not against each other without bags. Do not place heavy weights on bag as suit material will compress and may puncture or weaken. Place in an accessible location so it can be retrieved quickly in an emergency. Plastic bags kept with suit can be worn over shoes/boots to make donning quicker. For long term, off-season stowage, hang the suit in a dry place on a thick, padded hanger (like one designed for a dive suit—do not use wire hangers).

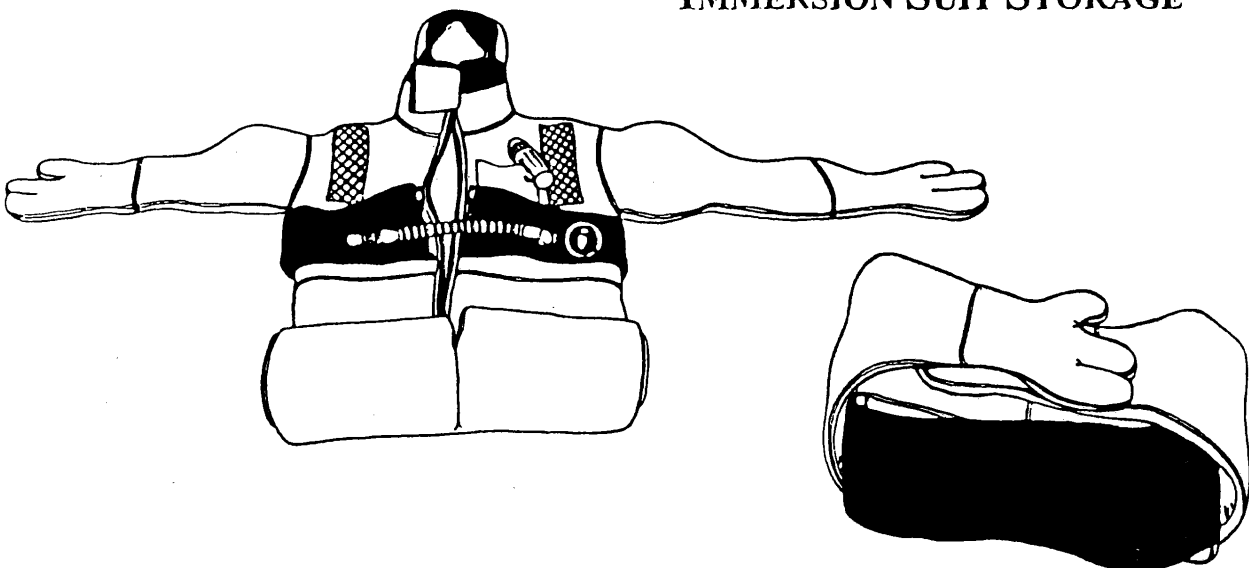
☐ Accessories:

Suit should have 31 square inches of retro-reflective tape visible above the water in any stable position (as req'd by the F/V Safety Act), a zipper tab for ease in gripping with suit gloves on, a whistle, and USCG approved light. Additional recommendations include a personal survival kit, hand-held VHF radio, and personal EPIRB.

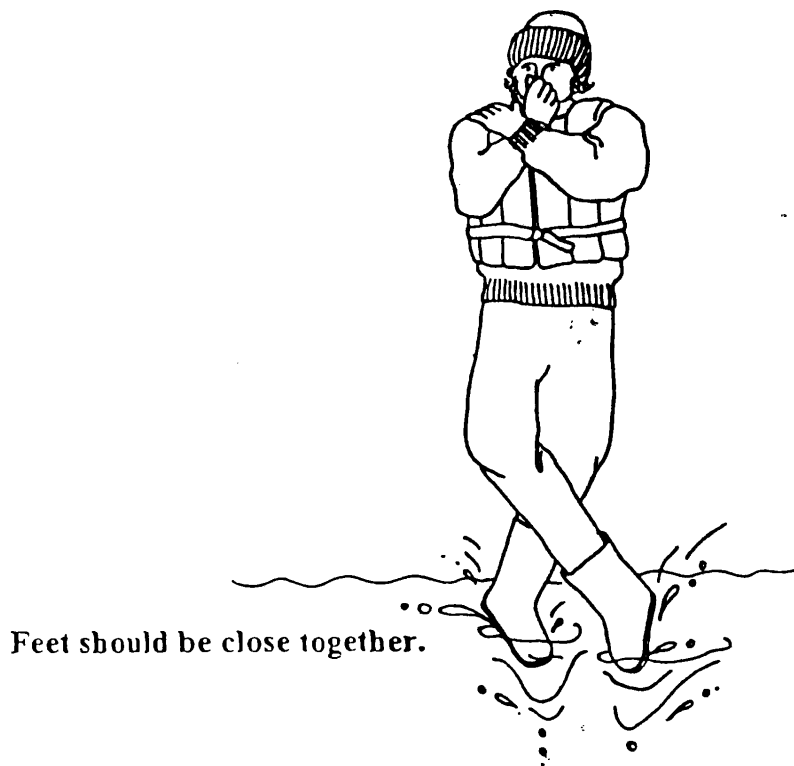
JUMPING IN AN IMMERSION SUIT



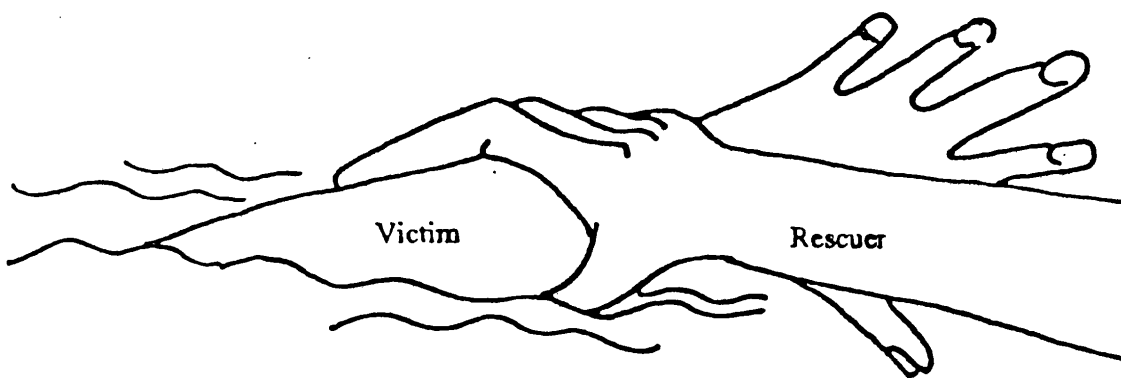
IMMERSION SUIT STORAGE



JUMPING WITH PFD

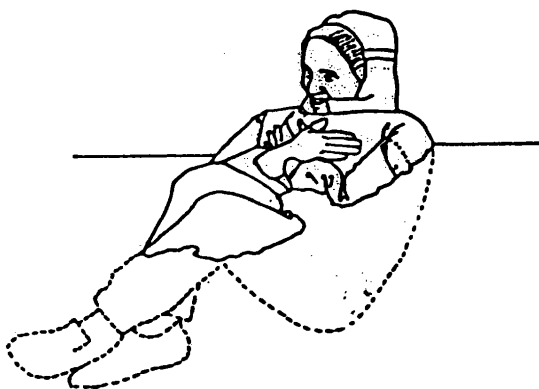


CORRECT HAND POSITION FOR RESCUE

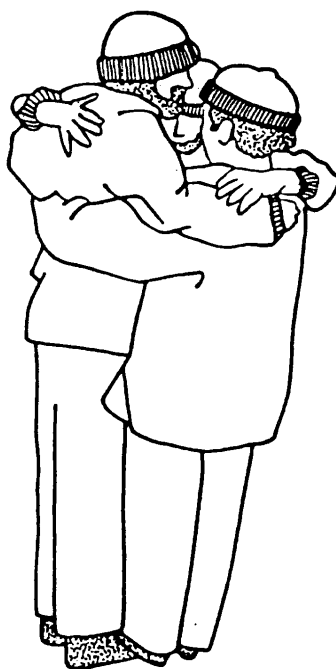


HELP

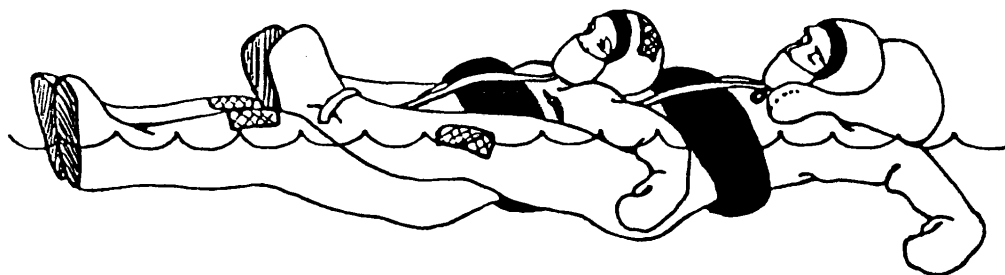
(Heat Escape Lessening Position)

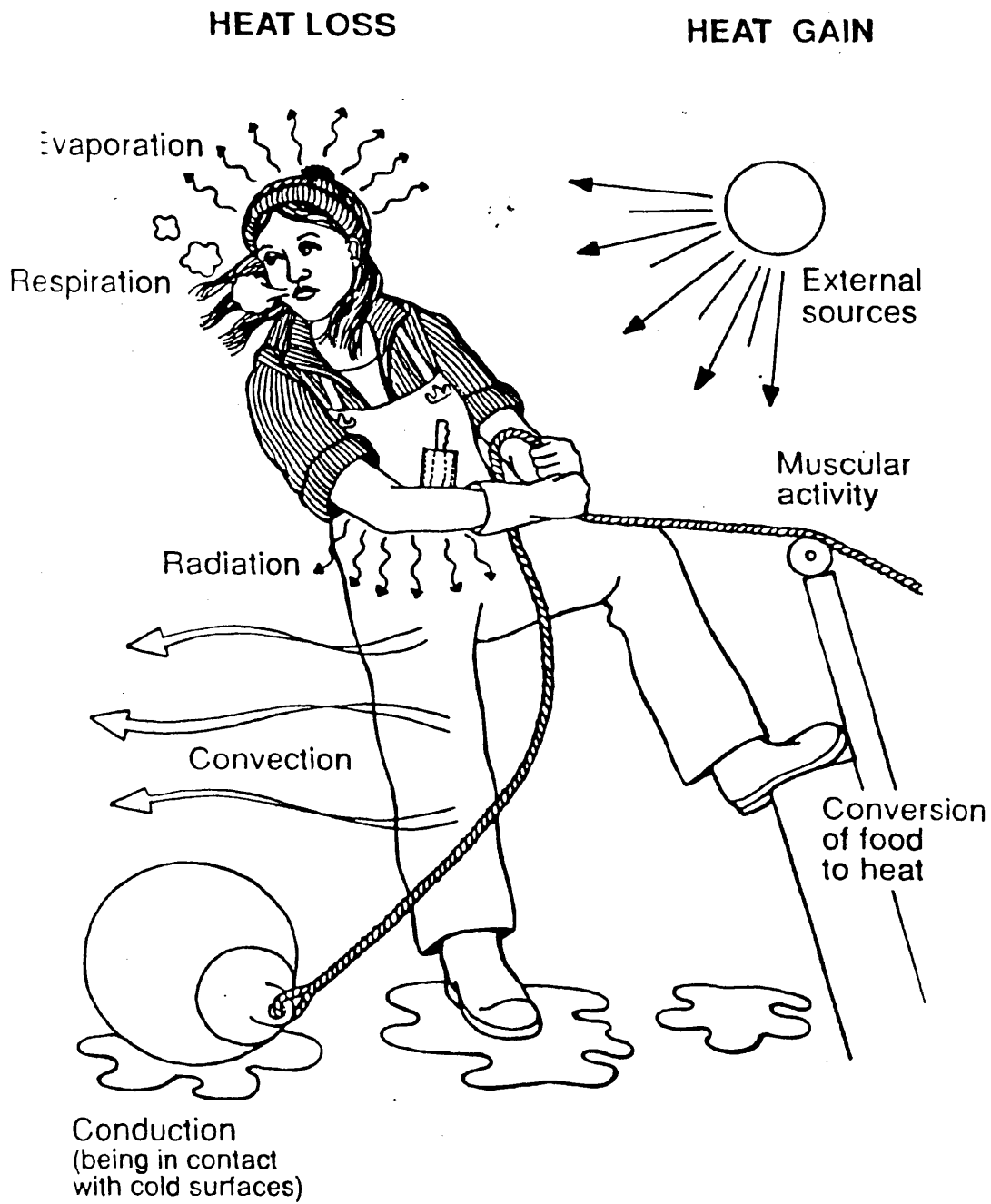


Huddle Position

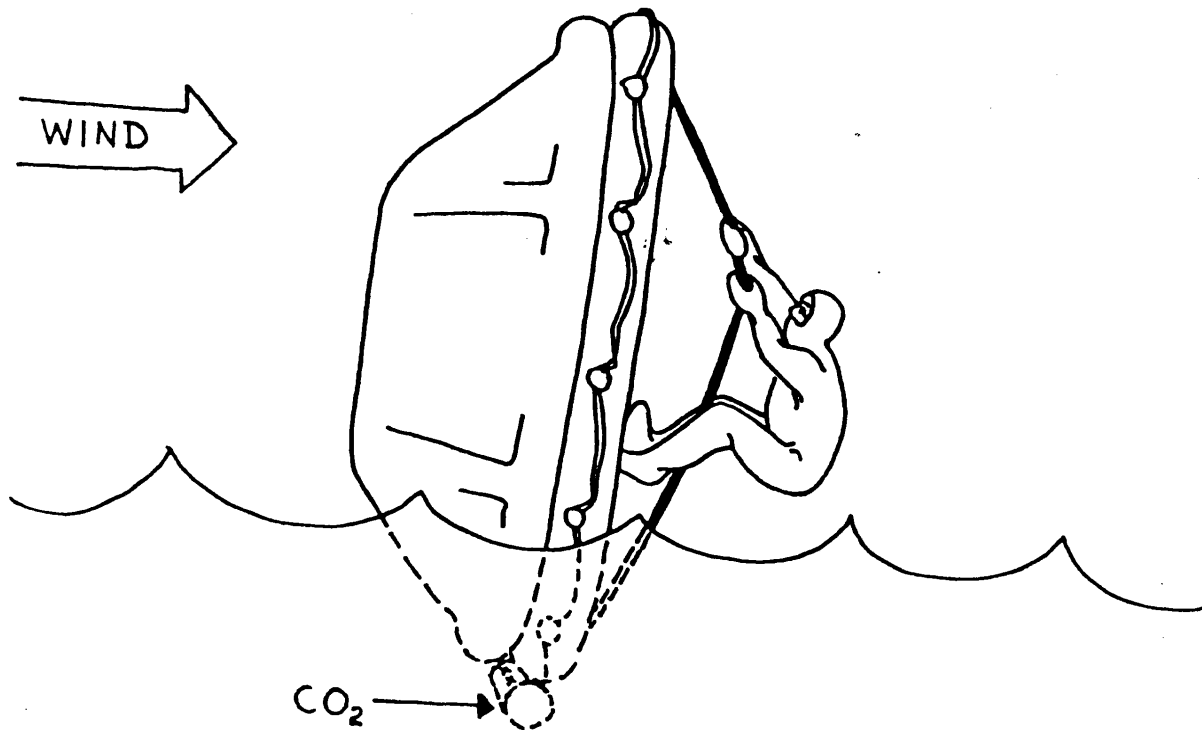


Chain Swim



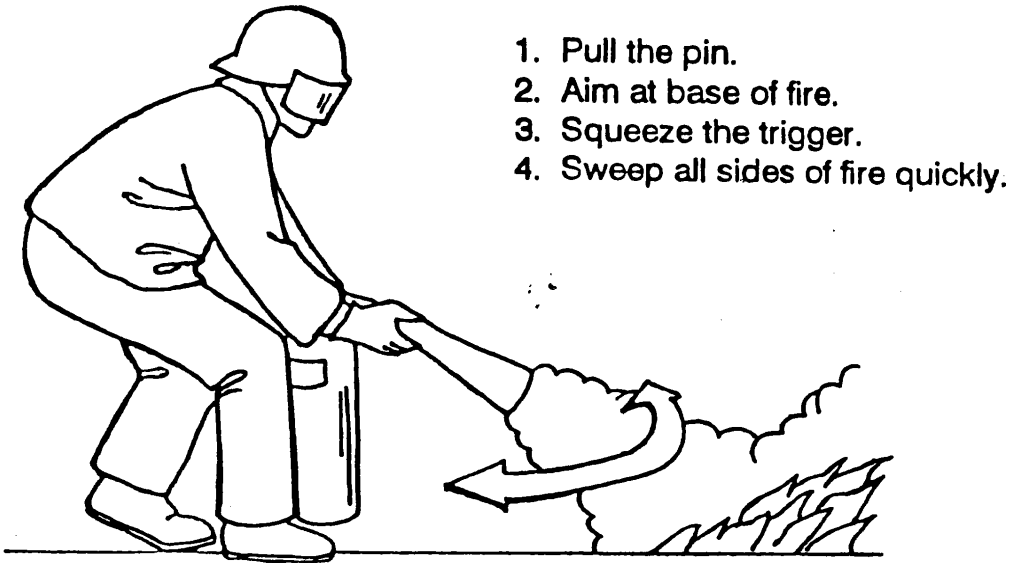


How to Right A Liferaft

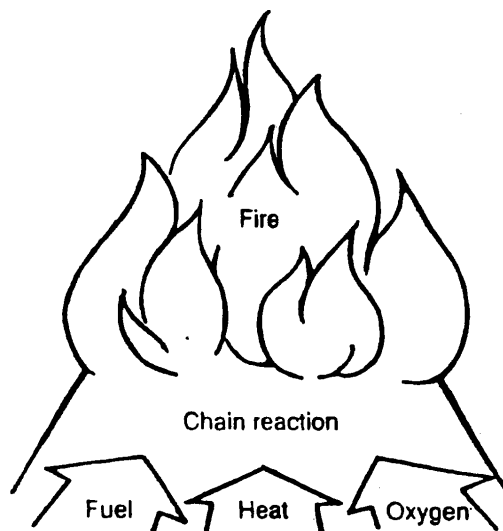


1. Climb over CO₂ cylinder and grasp strap.
2. Climb strap and arch backwards, pulling raft back.
3. Land on your back and follow strap to boarding ramp.

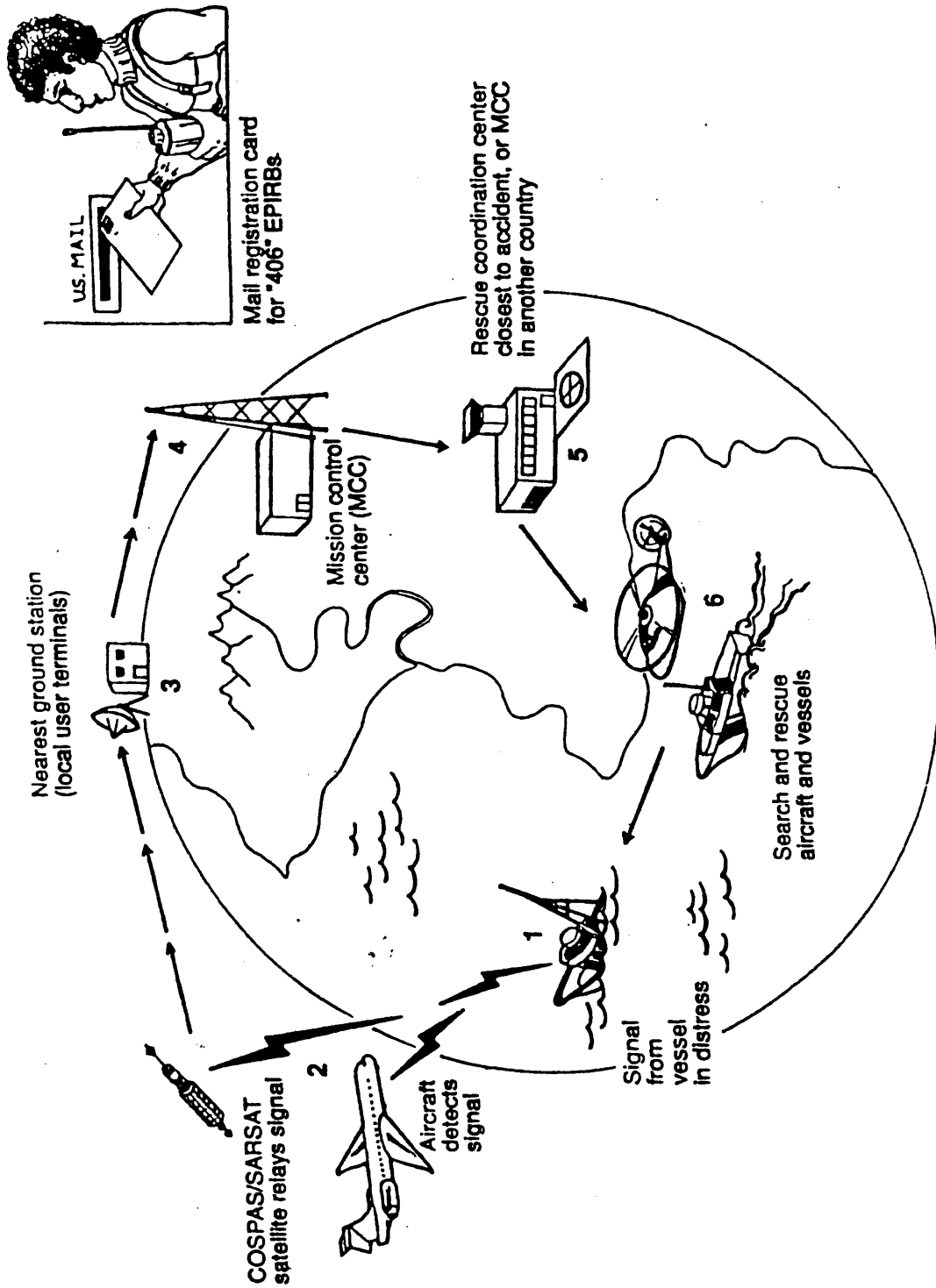
Using Fire Extinguishers



Four Steps Leading to a Fire



How an EPIRB signal is picked up and relayed.



Care and Maintenance of 406 EPIRBs

Since August 1991, commercial fishing vessels with galley and berthing spaces that operate beyond three miles from shore, have been required to have category 1, 406 MHz Emergency Position Indicating Radio Beacons (EPIRBs).

Category 1, 406 EPIRBs, though much more expensive than the old Class A EPIRBs, provide superior reliability, signal strength, location accuracy and provide much more detailed information to search and rescue agencies. There are several steps to take to ensure your EPIRB will work when you need it.

Registration

Send in the EPIRB registration and identification card! It asks questions about you and your vessel that will aid search and rescue agencies in finding you in an emergency. It will also allow them to contact you without sending out an expensive search should your call be a false alarm.

Instructions

Read the instructions for mounting and operation of your EPIRB carefully! EPIRBs do not come shipped in the ON position. It is important to learn the correct switch position for arming the EPIRB after it is installed.

Location

Mount your EPIRB in a location that will allow it to float free if the boat should sink and where icing will be minimal. Avoid locating it under an overhang or anywhere it could get hung up.

Test

Test your EPIRB once per month. 406 EPIRBs have an electronic self-check. Make sure that you follow the testing procedures in your manual. Test in the first five minutes of any hour. All EPIRB tests should be noted in your log book.

Check for Damage

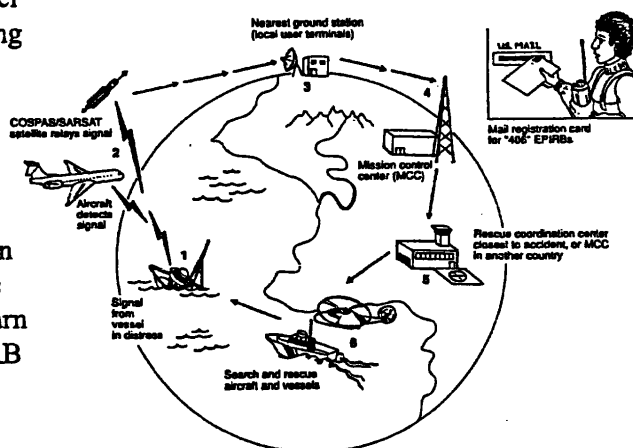
Check your EPIRB during rough sea conditions to make sure it has not been activated or damaged.

Show and Tell

Show all crewmembers and passengers on your vessel how the EPIRB operates before you get underway. This should be a part of your drills and instructions.

Maintenance Schedule

Although your EPIRB battery may be good for two to five years, many of the hydrostatic releases mechanisms need to be replaced every two years. Check the maintenance schedule on the release for your EPIRB.



Radio Call	Frequency:	High Site:	DF Bearing:
Type of Comms:		Original <input type="checkbox"/> Relay <input type="checkbox"/> Call Back Number:	
Time:	Date:	UCN:	OUC:

-- Initial SAR Check Sheet --**ELECTRONIC FORM**

1. Position		Type of Position:	<input type="checkbox"/> Lat/Long
How determined?			<input type="checkbox"/> Loran Lines
			<input type="checkbox"/> Geographic Reference
2. Number of Persons On Board		Adults:	Children:
		Total: 0.00	
3. Nature of Distress (Any Medical Conditions?)			
4. Description of Vessel Name: _____ Length: _____ Doc/Reg: _____			
Anchored?.....Make: _____ Color: _____			
5. Have all persons on board the vessel put on Personal Flotation Devices / adequate number of PFD's available?			

**** ADVISE REPORTING SOURCE OF INTENDED ACTIONS AT THIS TIME ****

6. Determine Initial Severity / Emergency Phase	
<input type="checkbox"/> Distress	<input type="checkbox"/> Uncertainty <input type="checkbox"/> Alert
<input type="checkbox"/> Dispatch Resources / Activate SAR Alarm	Additional information is needed
<input type="checkbox"/> Advise reporting source of Coast Guard's Actions	Complete one or more of the following:
<input type="checkbox"/> Issue Urgent Marine Information Broadcast (UMIB)	<input type="checkbox"/> Supplemental Check-sheet
<input type="checkbox"/> Brief Sector / District	<input type="checkbox"/> Overdue Check-sheet
<input type="checkbox"/> Provide emergency instructions to vessel in distress	<input type="checkbox"/> Flare Sighting Check-sheet
<input type="checkbox"/> Complete additional check-sheets as situation dictates	<input type="checkbox"/> MEDEVAC/MEDICO Check-sheet
<input type="checkbox"/> Refer to CG Addendum/Sector Mobile & D8 OPLAN	<input type="checkbox"/> Grounding Check-sheet

Persons in the Water		
Number:	Description:	<input type="checkbox"/> PFD - type/color:
Time:		<input type="checkbox"/> Exposure Suit
Confirmed?		<input type="checkbox"/> Light

**** Complete all of the above before shifting frequency; Complete below before hanging up phone ****

Reporting Source	
Name:	
Vessel Name:	
Call back number (with area code):	
cell phone _____	_____
radio / call sign: _____	/ MMSI: _____
Address:	

On Scene Weather			
Wind	Seas	Swells	Visibility
Weather Type			